

Congresswoman Kathy Castor

Internship Application

Name:	
Address: (Home)	
(School)	
Telephone: (home)	(School)
Email Address:	
Valid Until:	
Name of College/University:	
Year in School:	
Will you be receiving academic cr	redit for your internship? YESNO
Name of supervising professor:	
Telephone number of supervising	professor:
References: (1) Name:	
Relationship:	
Telephone: (Home)	(Work)
(2) Name:	
Relationship:	
Telephone: (Home)	(Work)

(3) Name:					
Relationship:					
Telephone: (Home)	e: (Home) (Work)				
What do you wish to gain from your experience as a congressional intern?					
What current issues interest you most	?				
1)					
2)					
List languages other than English that	you possess proficiency:				
Are you willing to take an unpaid internship? YES NO					
What dates are you available to serve	as a congressional intern?				
1 st choice:					
2 nd choice:					
In which would you like to work?					
Tampa: DC:					
-					
OFFICE:	ICATION AND YOUR RESUME TO MY				
U.S. Rep. Kathy Castor	U.S. Rep. Kathy Castor				
Attention: Internship Coordinator	Attention: Internship Coordinator				
2052 Rayburn House Office Building	4144 N Armenia Ave. Suite #300				
Washington, D.C. 20515 Phone: (202) 225-53376	Tampa, FL 33607 Phone: (813) 871-2817				
FLDem.Resume@gmail.com	FLDem.Resume@gmail.com				